

NEVADA OFFICE OF VETERANS SERVICES

WOMEN VETERANS SUMMIT 2008 PROCEEDINGS



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From the Executive Director Nevada Office of Veterans Services

I am pleased with the overwhelmingly positive response to the Women Veterans Summit 2008. The Nevada Office of Veteran Services (NOVS) is committed to ensuring the delivery of equitable and quality services to all Nevada veterans. Women have proudly served and defended our freedom. The purpose of the Summit was to acknowledge women veterans of Nevada, educate them about their eligibility to receive federal and state benefits and to establish a women veteran's network to foster communications and women veterans outreach. Never before in the history of the State, has there been a program in Nevada specifically designed to reach out to women veterans.

NOVS VISION

The NOVS vision is to be the premier provider of veteran's services

NOVS MISSION

To provide a full continuum of quality services to eligible veterans and their families

To provide an environment of growth and opportunity to our employees

To provide our community and partners the opportunity to contribute in this endeavor

Pursuant to NRS 417, NOVS was commissioned in 1949. Legislation, sponsored by Senator Dina Titus, was enacted in 2005 authorizing the agency to appoint a Women Veterans Coordinator. The agency Women Veterans Coordinator, Ms. Sharon Wagner, is located at the Las Vegas division.

The efforts of the Nevada Office of Veteran Services WVC in partnership with federal and community women veterans advocates resulted in the Summit's success. Approximately 100-women veterans participated in the Summit. Due to the positive community response to the Summit, NOVS plans to host a Women Veterans Summit, alternating between the greater southern and northern Nevada regions, on an annual basis.

Today there are 339,235 veterans residing in Nevada of which seven percent (23,922) are females. I am pleased that every single NOVS female Veterans Service Officer proudly served and is also a veteran.

One of the many successes of the Women Veterans Summit was the lasting partnerships that were forged between local federal, state and community agencies to enhance outreach and services to women veterans of Nevada.

I am please to echo the slogan of the NOVS Women Veterans Program and proudly acknowledge that "*Nevada Women Are Veterans Too*". Congratulations on your first Women Veterans Summit.

Tim Tetz



Women in the Military



In every war and every generation, American women have served the cause of freedom, going all the way back to the Revolution. Those we honor now number some two and a half million, who have served in the U.S. military since the American Revolution (Gates, 2007).

Deborah Sampson changed her name to Robert Shurtief to fight in the Revolutionary War and was wounded twice. Elizabeth Newcom enlisted as Bill Newcom to serve in the Mexican War.

The Civil War provides several cases in point, like Mollie Bean, a twice-wounded Confederate soldier, who disguised herself as a man in order to enlist.

Sarah Blalock pretended to be Samuel Blalock and rode as a pro-Union irregular with her husband. Most famous of all, Mary Walker – who earned the Medal of Honor – was a trained surgeon but was not allowed to operate on the Union soldiers she cared for at Bull Run. By 1864, though, she was commissioned a surgeon in the Union Army.

Gallantly, women have continued to serve our country only to find that their contributions have very often gone unrecognized and unrewarded. Not always swiftly, not always with a smile, the military gave women the opportunity to come in through the front door rather than sneak in the back.

Military leaders began relying on women in large numbers during the Spanish American War, assigning 1,500 contract nurses to Army hospitals. By the end of WW II, more than 110,000 women had served as military nurses and more than 400,000 had served in non-combat jobs at home and overseas. In 1948, the U.S. Congress passed the Women's Armed Services Integration Act, granting women permanent status in the Regular and Reserve forces of the Army, Navy, Marine Corps and Air Force.

Today the tradition continues. Women serve in almost every capacity in the armed forces, including in combat zones on land, at sea and in the skies. More than 90,000 women have served as fighter pilots, medics, and military police and in other positions since the start of the Global War on Terror (GWOT) on September 11, 2001.

Currently, almost 16,000 women are serving in Iraq, Afghanistan and related areas (Gates, 2008).

Many women veterans pack away their uniforms and memories on their return never to talk about their experiences ever again. Many women who served honorably in the military don't even realize that they are veterans.

Today more than 25% of our military strength worldwide are women. Approximately 15% are currently serving in the GWOT (Defense Manpower Data Center, 2006).

In the Afghanistan and Iraq conflicts, there are few front lines; women are coming in contact with the enemy. They are performing with courage and distinction. Two years ago, a military police officer – Sergeant Leigh Ann Hester of the Kentucky National Guard – was awarded the Silver Star in Iraq with two others in her unit, for repulsing an enemy ambush on their convoy. Sergeant Hester is the first female Silver Star honoree since World War II.

Women have shared in the burdens and the tragedies of war. Approximately 100 women have been killed and more than 600 wounded in Operations Enduring Freedom and Operation Iraqi Freedom (Navy Dept. Library, 2005).

Program Overview

The Summit was held on Saturday, February 9, 2008 at the Fremont Hotel and Casino in downtown Las Vegas, Nevada. There were 135 attendees which included 92 women veterans. Veterans in attendance represented every military era from World War II to Operations Iraq/Enduring Freedom. Also in attendance were legislators and their representatives, Department of Veterans Affairs (DVA), Veterans Service Commissioners, Nevada Office of Veterans Services (NOVS) leaders and staff members and community partners.

A continental breakfast and afternoon refreshments were provided. The program was held from 9:00 a.m. – 5:00 p.m. There was a resource room available with program literature available and on-site counseling provided by DVA, NOVS and Military Transition Program staff on request.

Summit Framework

An early decision was made by the Summit planning committee that we needed to identify issues of paramount importance to Nevada women veterans before designing the program. A pre-summit survey of issues identified as important to all veterans was developed and published on the agency web site and Summit pre-registration form. Women veterans were instructed to prioritize the issues that were important to them with number one being the most important and needing the greatest improvement and number thirteen being least important. The thirteen survey issues were:

- Outreach
 - Claims Process
 - Mental Health Care*
 - Memorial Affairs
 - NOVS Cemetery
 - NOVS Veterans Service Office
 - NOVS Veterans Home
 - Socio-economic Issues
 - Housing
 - Senior Issues
 - Domestic Violence
 - Parenting and Care Giving
 - Employment
- *Includes veterans medical healthcare*

Survey Results

There were a total of forty-one surveys returned. Some respondents did not rank all thirteen issues.

There were seven women veterans' issues ranked by the survey respondents as low priority or least important to them. Although areas of importance to veterans, VA Memorial Affairs, domestic violence, senior care, NOVS Cemeteries, Nevada State Veterans Home, NOVS Service Officers and parenting/caregiver issues were not considered for discussion groups at the Summit.

Note: Some percentages might exceed 100 due to rounding.

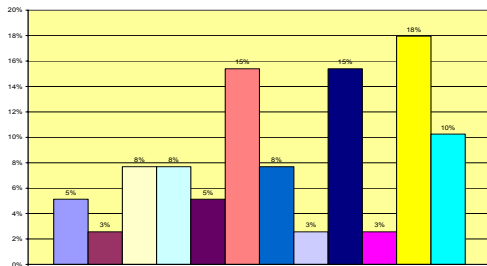


Figure 1: VA Memorial Affairs

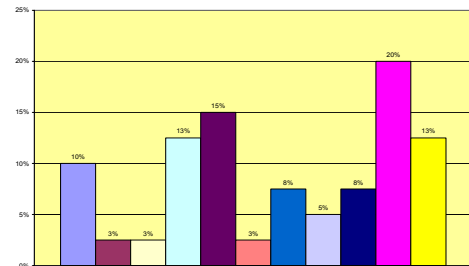


Figure 2: Domestic Violence

Thirty-nine (95%) of the forty-one women responded to the VA Memorial Affairs issue item (fig. 1). Approximately 50% of the responders ranked VA Memorial Affairs issues a priority eight or higher (least important to them), while less than 25% ranked this issue priority four or less (most important to them and needing improvement).

Again, thirty-nine (95%) responded to the Domestic Violence (DV) issue (fig. 2). More than 50% of the responders ranked DV issues as least important to them, priority eight or higher, while less than 20% of the ranked the DV issue a priority of three or less.

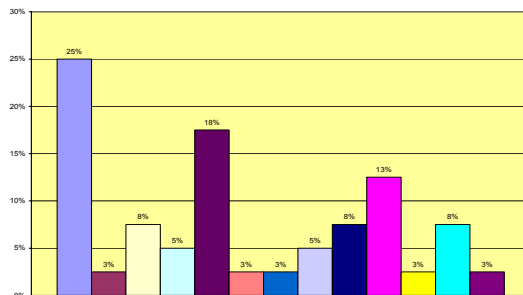


Figure 3: Senior Issues

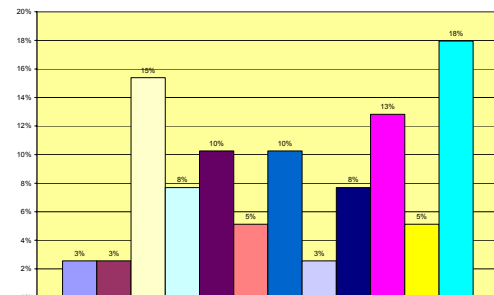


Figure 4: NOVS Cemeteries

Forty (98%) responders ranked the Senior Issue item (fig. 3). Of those responding, 40% ranked senior issues as least important to them (priority 8 or higher) compared to 36% who assigned this issue a priority ranking of 4 or less. The remaining 24% were basically in the middle (priority rankings 5, 6 & 7).

Less than 30% of the respondents ranked NOVS cemeteries issues as one of their top four priority issues needing improvements. Forty-seven percent felt the NOVS cemeteries was least important to them as an area of concern and assigned this issue a ranking of 8 or higher ranking.

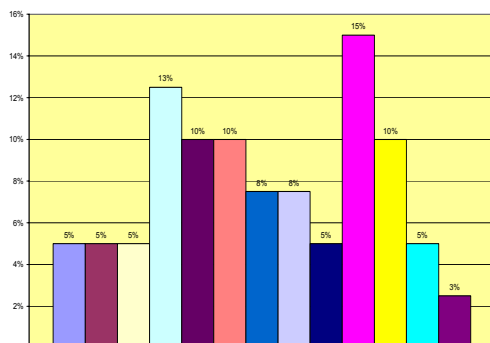


Figure 5: Nevada State Veterans Home

We received forty responses on the Nevada State Veterans Home and NOVS Veterans Service Officer (98%), issues and thirty-nine (95%) on the parenting/caregiver issue.

The majority (46%) of the responders to NSVH item (fig. 5) assigned this issue a priority of 8 or higher, while only 28% felt this issue fell within their top four priorities warranting concern or improvements.

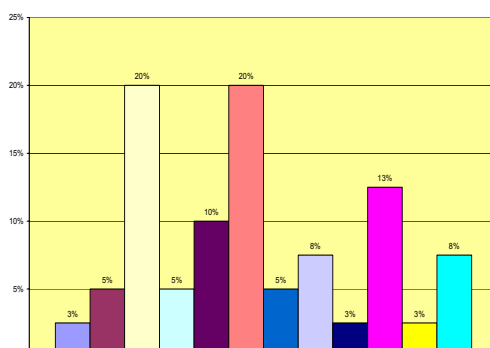


Figure 6: NOVS Service Officers

The NOVS Veteran Service Officer (VSO) issue (fig. 6) was almost equally distributed in terms of prioritization. Thirty-five percent assigned this issue a priority ranking of 8 or higher compared to 33% who felt this issue was one of their top four priorities or problem areas.

Women responding to the survey don't appear to have concerns with parenting or caregiver issues (fig. 7). Fifty-seven percent assigned a priority ranking of 8 or higher for this issue compared to 24% who felt parenting and caregiver issue was one of their top four priorities or a concern for them.

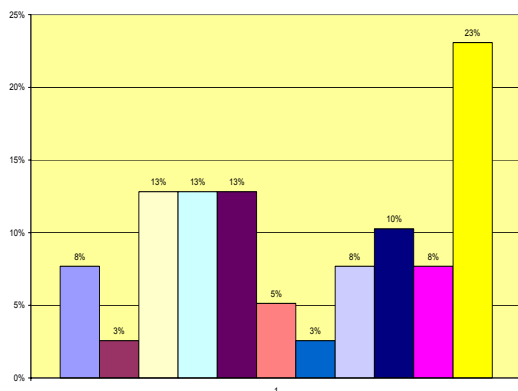


Figure 7: Parenting/Caregiver

Facilitated Discussion Groups Reports

Four issues were focused on at the Summit to explore in-depth to determine why these issues were cause for concern among the majority of the women responding to the survey. Based on the survey results facilitated discussion groups hosted at the Summit for the following issues: Veterans Benefits Claims Process; Veterans Health Care; Department of Veterans Affairs/Department of Defense Transition Assistance; and Socioeconomic Economic Issues, specifically housing and employment.

Each facilitated discussion group was co-led by VA, National Guard, NOVS staff and/or professional group facilitators. Each facilitated discussion group was repeated once to allow attendees an opportunity to participate in at least two of the four discussion groups. Each group discussion ran 90-minutes. Blatant inaccurate information and misperceptions were clarified immediately in the group sessions. Pre-established questions were utilized by group facilitators to prompt dialogue.

Included below are highlights of the four facilitated discussion groups. These notes do not describe the many individual stories or the passion displayed by veterans about their challenges and experiences.

VA MENTAL HEALTH CARE

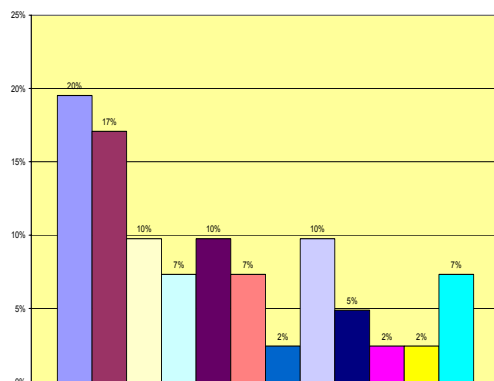


Figure 8: VA Healthcare Issues

Every survey respondent ranked the VHA Mental Healthcare Issue (fig 8). Over half of the forty-one respondents (54%) ranked VA health care services as an issue of importance to them and needing improvement by assigning a priority ranking of four or less.

Discussion

The VHA Healthcare group participants identified several factors about their experiences with the system. The group expressed concerns about having to reregister at multiple VA hospitals. Veterans accessing healthcare at rural Community-Based Outpatient Clinics (CBOCs) would like to see that electronic healthcare data can be shared from one VA site to another site. Difficulty navigating the medical centers, fragmented and the lack of coordinated care were also expressed as concerns. Appointment scheduling systems were

reportedly not user-friendly. Veterans reported being dropped from the VA system after their appointment was cancelled or rescheduled.

Participants identified the need for more military sexual trauma (MST) and Posttraumatic Stress Disorder (PTSD) gender-specific military peer support groups. It was reported that currently there is only one MST/PTSD group for women in the VA Southern Nevada Healthcare System (VASNHCS). Concerns were expressed about the VASNHCS Mental Health program not accepting women unless they have combat trauma into MST/PTSD groups.

There was discussion regarding the recruitment and retention of skilled and qualified VA healthcare providers. Without specific examples provided, access to emergency care services was expressed as a concern. One veteran requested assistance with getting incorrect documentation purged from her record.

Recommendations

1. Develop more user-friendly patient appointment processes. For example, raise the cap on the 30-day limit for an appointment to 60-days to schedule an appointment.
2. Access to Michael O'Callaghan Federal Hospital (MOFH) on weekends. Currently, prescriptions at MOFH are only accepted for service-connected related medications and does not reimburse beneficiaries for prescriptions purchased out-of-pocket from community pharmacies.

TRANSITION & OUTREACH

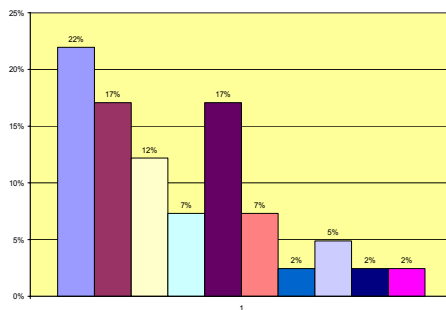


Figure 9: Outreach Issues

Ninety-five percent (39) rankings were submitted for the Outreach issue (fig. 9). Thirty-nine percent ranked the outreach issue as their number one or two priority compared to 18% who indicated that it was not a priority area of concern.

Discussion

Interestingly, a majority of the attendees did not get and have never heard of the Departments of Defense and Labor Transition Assistance Program (TAP). They perceived that TAP briefings targeted separating active duty males. State representative were encouraged to develop supplemental transitioning assistance opportunities, such as, a state-sponsored veteran-focused employment seminar and mentor program. This program could be designed as a program where veterans having made a successful transition to civilian life

discuss their experiences and assist other veterans to do the same. Encourage local and community veterans-centric partnerships. Educate and enhance relationships with community agencies on the benefits of hiring skilled, mature and knowledgeable veterans.

This group also discussed issues pertaining to the VA claims process and outreach to women veterans. After a lively discussion, participants were strongly encouraged to seek the assistance of a Veteran Service Officer before attempting to file a claim solo.

The group offered the following outreach strategies:

- Internet is fine for the younger generation, but the older veterans do not use the web
- Newspaper announcements
- Ads in local women health magazine
- Establish a tele-meeting of community events and update as information becomes available.
- Regularly scheduled women veterans meetings or groups
- Share information with Nellis AFB retirement office
- Post flyers at the Clark County libraries
- Public Broadcast Station community announcement system
- Post information on national military web sites, e.g., military.hirevets.com
- Word of mouth
- Share information with all Veterans Service Organizations
- Share information community organizations and women's groups, such as, Chamber of Commerce (7,000 members) and community publications and public service announcements

Recommendations

1. Make all TAP mandatory to service member, expand the program beyond and week and offer earlier during the separation process.
2. Foster public and private industry partnerships and provide supplemental TAP briefings to recently separated service members.
3. Offer peer support programs to assist veterans with transition process.

4. Expand outreach and public awareness programs.

VETERANS BENEFITS AND CLAIMS

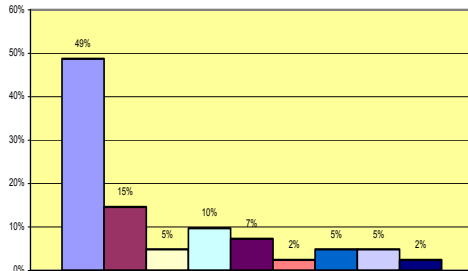


Figure 10: VBA Benefits and Claims Issues

The VBA claims process issue (fig. 10) was a considerable concern for forty-nine (100%) respondents. Seventy-nine percent of the respondents assigned a ranking of four or less indicating that improvements were needed in the VA claims process compared to 12% who felt things were going well in this area.

Discussion

Approximately 50 women attended the two VBA claim focus discussion groups. The majority of those attending did have some personal experience with the VBA claims process. Only seven had never filed a claim. Several key themes emerged: 'Communicate with us so we know where to go for help, tell us what we can do to file good claims, keep us informed about our claim related issues . . . talk to us . . . teach us . . . help us understand. Increase VBA, VHA and state staff'.

Participants were queried with the question, "When you saw 'claims' on the survey what came to mind? Participants associated the following comparisons to the word 'claims'":

Medical	Home Loans	Fee-base care
Processing invoices	Education benefits	Pension
Compensator	Compensation and pension exam	
Housing Grants	Timeliness	Home modifications
	Poor Service	

When asked, "What were your expectations going into the claims process?" the responses included comments such as:

Denial, follow through & feedback, legal knowledge, hassle, understandable forms, listen to the veteran, knowledgeable & courteous response, timely responses, knowledge about medical conditions, stick to the rules, claim being accepted as filed, getting guidance, to be taken by the hand and walked through the process, VA should be pro-veteran, that information would be correct, and *most of the women actually expected a hassle.*

The facilitators prompted the participants to 'Share their positive and negative experiences with the claims benefits process.'

Several positive experiences were described by participants such as: "Quick [claim] determination was made, the GI bill was great, home & education benefits are good, the ability to file claims pre-discharge and 6-months prior to retirement is great, Chapter 31 benefits [voc rehab], *nearly all reported good experiences with their VA medical care*".

Negative experiences identified were: "No pre-discharge claim available, no global mechanisms in place for sharing data electronically, the appeal process is a confusing mystery, the lack of continuity between military medical board and VA claim standards, the lack of continuity between active duty medical and VA medical standards, lack of coordination of medical information, the veteran is responsible for having records that the military should have to give, VA letters are very confusing, explanation of denied claims is confusing, simply did not know where to go for help with my claim, and the VA does not clearly explain, in terms the veterans can understand, what they need to support a claim, *and most of the group agreed that VA written communication and requirements are confusing*".

Participants discussed how they learned about filing VA claims. Responses ran the gamut from: Word of mouth, TAP briefing, VA healthcare provider, just went looking, social worker, active duty doctor, veterans service organizations, Disabled Transition Assistance Program (DTAP) and the county drunk tank.

This discussion group offered the outreach strategies including: Media (T.V., radio and periodicals, Women Veterans Organizations, flyers posted in VA clinics, the internet (search engines, banners and links), NOVS web site, community public service organizations and schools and electronic and paper newsletters.

Participants discussed information that they would find helpful on topics such as a accurate and up-to-date list of service providers (who, where, what), how to actually start the claim or file new claims, long term health care and services, eligible benefits once your disability becomes service-connected, women veterans events, networking with other women veterans, help decoding VA jargon.

Recommendation

Host classes or seminars to address claim/appeal specifics, medical care and service issues.

SOCIO-ECONOMIC – HOUSING & EMPLOYMENT

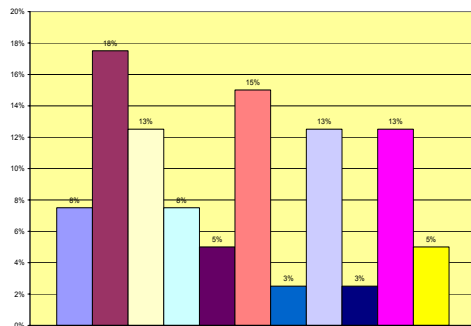


Figure 11: Socio-economic Issues

Socio-economic issues were more challenging to analyze because the respondents indicated that all three issues, socio-economic (fig. 11), housing (fig. 12) and employment (fig. 13) benefits and services were equally important and cause for concern. Forty-seven per cent of the respondents ranked socio-economic issues as one of their top four priority areas of concern, 60% felt housing and 57% employment issues fell within their top four priorities.

Discussion

Approximately twenty women attended the socio-economic facilitated discussion groups. There were several observations, experiences and perceptions shared by the women attending this session.

Participants shared concerns about perceived age discrimination practices; the lack of availability of small business loans; lenders not wanting to finance VA home loans due to the length of time and the amount of paperwork involved.

There was considerable discussion about the lack of suitable resources and facilities for homeless female veterans in southern Nevada. Some of them residents at USVETS stated that they didn't feel safe there, it was a male dominant facility and there was a 30-day lock down for rehabilitating addicts. There were also concerns expressed about the lack of sufficient homeless resources, benefits and services for women veterans with dependents.

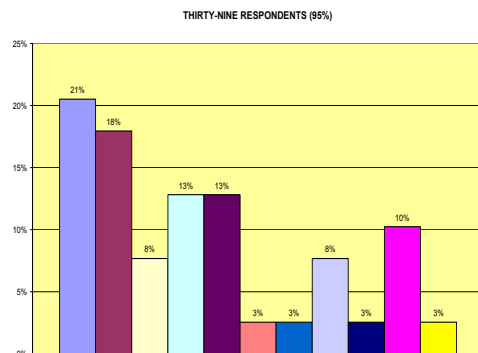


Figure 12: Housing Issues

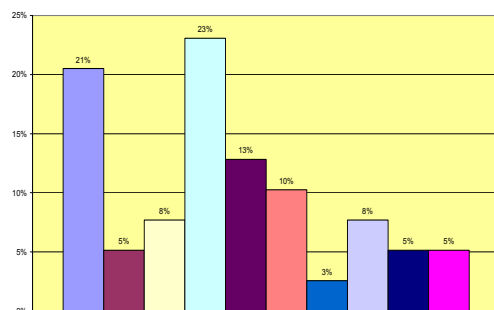


Figure 13: Employment Issues

The lack of computer skills and training proved to be a barrier to procuring suitable employment for some participants. Transferring military skills into current civilian workforce and wage disparities also contributed to increased joblessness rates among veterans.

Several housing and employment resources and strategies were offered:

- usajobs@va.gov and www.job
- Job Connect
- DVA Vocational Rehabilitation benefits (Chapter 31) for eligible veterans
- Safe Haven and Shade Tree
- Federal and state employment preference points for eligible veterans
- DVA home loan guarantee program and 5% waiver for disabled veterans
- County veteran property tax exemptions
- DVA special adaptive housing grants for qualified disabled veterans

Recommendation

1. Incorporate a program evaluation component into future summits.
2. Provide box lunches at future summits to foster networking and encourage attendance for the entire day.
3. Increase veteran and public awareness about state, city, and federal benefits through public service awareness, news media, and television advertisements.

Future Considerations

Host annual regional Women Veterans Summits to educate women veterans about their eligibility, assist them with applying for veterans' benefits and navigating federal, state and community systems. We've only addressed the tip of the iceberg relative to women veterans. Future consideration will need to be given to special cohorts of women veterans for example: GWOT, incarcerated and homeless women veterans with children.

Summary and Conclusions

Women attending the Summit voiced their concerns regarding veteran's benefits and services based on their unique and specific experiences and interactions with federal, state and local community interactions.

A majority of the observations, experiences and recommendations expressed by the participants were not specific or unique to women veterans. The benefits and services areas that were of greatest concern for women veterans were DVA benefits and healthcare programs, processes and systems, DoD/DVA outreach and transition assistance, socio-economic housing and employment issues. Therefore, improvements in the veteran's benefits and services areas identified by women could ultimately benefit all Nevada veterans.

Examples of gender-neutral concerns identified were: Centralized electronic VA database, quality, accessible, timely and affordable care provided by knowledgeable and compassionate providers. Gender-specific issues identified pertained to the lack of Military Sexual Trauma female-only groups, housing for homeless women veterans with children and high rates of denial for PTSD claims resulting from MST.

Professional facilitator comment, *"It was very apparent the veteran's felt heard today"* Amy Frost, CCO, Authentic Success Teams, LLC.

NOVS Women Veterans Program Performance Indicators

- Publish Nevada Women Veterans Fact Sheet.
- Annual regional Nevada Women Veterans Summit.
- Increase number of women veterans on mailing distribution list at least 20% annually.
- Present at a minimum of one Hometown 2 Heroes transition assistance briefings on women veterans benefits and services each fiscal year.
- Actively foster women veteran's stakeholder partnerships through attendance and/or membership on. VASNHCS Women Veterans' Advisory committee, Veterans Service Commission meetings and local or national VSO conference/meeting attendance. Participate in monthly veteran stakeholder meetings a minimum of one every other month to include at least 3-women veteran VSO's.
- Increase number of new women veteran's benefits received agency-wide (all VSO's workload) by 10% each fiscal year.
- Develop women veterans' link on NOVS web site in collaboration with Information Technology division.

Nevada Women Veterans Points-of-Contact

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